Summary of the Healthy Families Program (HFP) Participating Plans' 2002 Cultural and Linguistic (C&L) Services Reports

As a recipient of federal funds, MRMIB is prohibited by the Civil Rights Act of 1964 from providing Limited English proficient persons with services that are limited in scope or lower in quality than those provided to English proficient individuals. This includes denying services or other benefits provided as part of health or human services programs. As recipients of federal financial assistance through the Healthy Families Program (HFP), all HFP participating health, dental and vision plans are contractually obligated to comply with Title VI.

MRMIB included language in the 1998/2000 HFP contracts to specifically require participating plans' compliance with Title VI. Subsequently, MRMIB expanded its cultural and linguistic services requirements in the 2000/2003 HFP plan contracts to include specific activities for providing culturally and linguistically appropriate services related to the translation of written materials, the provision of interpreter services, etc.(Please refer to Attachment I for specific C&L requirements). In addition, plans were required to conduct a Group Needs Assessment (GNA) by June 30, 2001 to identify the health risks, beliefs and practices of their HFP subscribers. Each plan was also required to develop work plans to address the identified health education, cultural and linguistics needs of its subscribers.

In order for MRMIB to effectively monitor the plans' compliance with these requirements, the plans must submit an annual Cultural and Linguistics (C&L) Services Report on or before February 1st of each calendar year. This reporting requirement was developed as a part of the HFP model contract development process which allows the public to comment on draft documents before they are made final. The C&L Services Report includes information on the C&L appropriate services provided and proposed to be provided by the plans to meet the needs of limited English proficient HFP subscribers. The report addresses activities including but not limited to: providing culturally and linguistically appropriate providers, interpreter services, marketing materials, information packets, translated written materials, and referrals to community services programs.

For the 2002 C&L report, the MRMIB added two questions which are related to the GNA that plans submitted in June, 2001. The additional questions address: (1) the specific activities that plans proposed to conduct for the benefit year 2002-2003 as a result of the findings of the GNA, and (2) the continuing involvement of the committee or group that was used to obtain input from subscribers for the GNA in plans' development of health education programs.

Summary of Plan Responses to the 2002 C&L Questionnaire

The following is a summary of responses provided by all HFP participating plans in the C&L reports that were submitted to MRMIB in 2002. The percentage of total HFP plans that indicated they have implemented a similar activity is noted at the end of each response to questions asked in the report. Please note that the total percentages may be more than 100 because a number of plans listed multiple activities that they utilize to meet the C&L requirements.

1. ***Describe the plan's methodology for assigning members to culturally and linguistically appropriate providers***

   All HFP participating health, dental and vision plans allow HFP subscribers to choose their primary care providers. Each year, plans provide copy of the plan's Provider Directory which includes the language capabilities of providers' offices. When members do not choose a primary care provider, plans assist subscribers in one of two ways:

   - Assign a member to a provider, taking into consideration subscriber's language needs and location of provider's office (73%)
   - Call and assist members with the process of choosing a provider who will meet their cultural and linguistic needs (27%)

2. ***Describe how the plan will make interpreting services available to members.***

   Plans responses on how it will make interpreting services available to members include:

   - Providing interpreter services through the AT&T Language Line (83%)
   - Providing face-to-face interpreter services through qualified plan staff, provider staff or through contracted interpreter/translator services (67%)
   - Employing multilingual plan staff who are tested for bilingual and interpreting skills (57%)
   - Providing access to a 24-hour interpreter services through a 24-hour advice nurse service (37%)
   - Maintaining an enhanced provider network that is capable of providing language services on site and which reflects the languages spoken by members (23%)

3. ***Describe how the plan will develop procedures to ensure referrals of members to culturally and linguistically appropriate services***

   Plans ensure referrals of plan members to culturally and linguistically appropriate services by:

- Maintaining a list of community services programs or resource guide which is included in the Provider Manual. Providers and staff can use this information to assist members in locating health education and community service programs. This list or resource guide is updated annually or when necessary.(53%)
- Working closely with community agencies, local health departments, CBOs and other community programs that assist plan members by promoting and advocating health issues among certain ethnic groups.(50%)
- Employing staff responsible for collaborating with community partners to ensure Plan members are appropriately served when they need community referrals and assistance (20%)
- Assessing member's cultural and linguistic needs prior to referral to community services (20%)
- Maintaining a 24-hour nurse advice line, Language Line, and/or a Plan Customer Service Department which assists members who need referrals to culturally and linguistically appropriate services (13%)
- Maintaining policies and procedures covering referrals of members who request access to community resources (10%)

4. Describe how the plan will provide culturally and linguistically appropriate marketing and collateral materials

Plans provide culturally and linguistically appropriate marketing and collateral materials to its members by:

- Using qualified staff, committees (Ad Hoc, Community Advisory, C&L Task Force) and/or focus groups when developing marketing and member materials to review, assess and comment on the materials. Materials are revised based on feedback received (60%)
- Translating all plan marketing and collateral materials into their members' threshold languages and have these materials reviewed by qualified staff for reading level and cultural appropriateness (57%)
- Using qualified translators to ensure that materials are translated accurately and are culturally appropriate to their membership (43%)
- Using data gathered through demographic and cultural and linguistic profiles of their members to develop marketing and collateral materials that are culturally appropriate (20%)
- Field-testing translated materials to obtain feedback on whether the messages are correctly understood before the materials are printed and distributed to members (10%)
- Allowing members to identify language preferences for member materials at enrollment (7%)

5. ***List those health plan documents that your plan will make available to subscribers in non-English languages. The attached chart shows the different languages in which written materials are made available by the plans.***

   - All HFP participating plans stated that they translate marketing and member materials into other languages. Member materials that are translated into other languages by all HFP participating plans include:
     - Evidence of Coverage (EOC)
     - Welcome Letter
     - Member Handbook
     - Preventive Services Reminders
     - Grievance/Complaints Process
     - Newsletter
     - Marketing Materials and Brochures

   - Other materials that are translated by one or more plans into other languages include:
     - Provider Directory
     - Member Satisfaction Survey
     - Form Letter
     - Health Education Materials
     - Transportation Resource Guide
     - 120 Day Health Assessment Notice
     - "Choosing your Doctor" Guide
     - Committee Summaries
     - Web Page
     - Notices
     - Preventive Services/Immunization Guidelines
     - New Member Orientation Invitation
     - ID Cards
     - Enrollment Verification Letter and Response Form
     - CCS Brochure
     - Certificate of Insurance

6. ***Describe what activities the plan is doing to develop internal systems for meeting the cultural and linguistic needs of subscribers.***

Plans have identified activities that they will implement to improve their infrastructure so that it is responsive to their members cultural and linguistic services needs. These activities include:

- Establishing a special office or designated staff to coordinate and facilitate the integration of cultural competency guidelines (83%)

- Developing recruitment and retention initiatives to establish organization-wide staffing that is reflective and responsive to the needs of the community (63%)
- Maintaining an information system capable of identifying and profiling culturally specific patient data (57%)
- Assessing the cultural competence of plan providers on a regular basis through periodic audits of provider sites (50%)
- Evaluating the effectiveness of strategies and programs in improving the health status of culturally defined populations (43%)
- Participating with governmental, community, and educational institutions in matters related to best practices in cultural competency in managed health care to ensure the plan maintains current information and an outside perspective in its policies (40%)
- Incorporating cultural competency in the plan's mission (37%)
- Establishing and maintaining a process to evaluate and determine the need for special initiatives related to cultural competency (30%)
- Providing initial and continuing training on cultural competency to staff (30%)
- Developing and maintaining cultural standards and training, including diversity training and supporting providers in maintaining the plan's cultural standards (27%)
- Maintaining effective partnerships with community based organizations (CBOs) serving the cultural needs of targeted populations (10%)

7. Based on the Group Needs Assessment (GNA) conducted by the plan, describe services and/or activities that the plan proposes to implement for the benefit year 2002-2003.

A large number of plans identified several activities that they would implement to address the needs identified in the GNA. The activities can be generalized into four major categories:

- Education programs for subscribers
    - Developing health education on health topics that families are interested in such as safety and injury prevention, nutrition and weight management, oral health, infection control, preventive eye care and symptoms of eye problems
    - Implementing education and prevention programs for diseases that are prevalent among HFP children and youth such as asthma, allergies, upper respiratory infections and diabetes
    - Implementing activities to increase the subscriber's knowledge of the managed care system and member rights such as providing members with culturally and linguistically appropriate education to promote their understanding of managed care plan services, health care benefits, and member's rights and responsibilities.

- Educating members on communicating their use of traditional healing to their providers

- Provider training to increase their cultural competency skills
  - Training of providers and staff on cultural competency and awareness
  - Training of front office staff on treating clients with more respect

- Activities involving plan members, plan providers, and the community in the development and the provision of culturally and linguistically appropriate health services
  - Maintaining on-going functioning committees (e.g., Advisory and/or Public Policy) with members and community representatives
  - Conducting member surveys and focus groups to solicit consumer information and to identify the needs and opinions of a broad representation of ethnic groups
  - Establishing effective partnering with community based organizations (CBOs) to investigate identified cultural barriers to patient care and sharing resources which are culturally competent for member health education and other services to members
  - Providing health education in the communities where members reside through community outreach programs and collaborating and sharing resources with CBOs.

- Activities that target an aspect of a plan's infrastructure
  - Providing initial and continuing training on cultural competency to staff
  - Developing recruitment and retention initiatives to establish organization-wide staffing that is reflective and responsive to the needs of the community
  - Maintaining an information system capable of identifying and profiling cultural specific patient data
  - Incorporating cultural services in plan's mission statement
  - Developing and maintaining cultural standards and training, including diversity training and supporting providers in maintaining plan's cultural standards
  - Implementing a program to increase awareness and cultural competency and sensitivity in health care delivery among the staff, administrators and providers in the network
  - Assessing the cultural appropriateness of systems such as appeals, grievances, and appointment and scheduling
  - Developing a library for cultural related reports
  - Sharing with plan providers what the plan has learned about the cultural beliefs and practices of the plan's population and continuing to educate providers on different ethnic group's view of health and healing and providing helpful strategies for working with these differences

- Increasing members' and providers' access to culturally appropriate health education materials

8. ***Will the committee that was used to obtain input from subscribers for the GNA have a continuing role in the development of health education programs in response to health needs identified in the GNA? If so, please describe***

   - The majority of HFP participating plans (77%) used a committee or committees to obtain input for the GNAs. These committees were usually comprised of HFP subscribers, medical providers, representatives from community-based organizations, community advocates, and public entities such as the school districts and the State Department of Health Services. Twenty-three percent of HFP participating plans did not use a committee. These plans obtained input from subscribers, providers and CBOs through focus groups and surveys of subscribers, providers and CBOs.

   - All the HFP participating plans that used committees for the GNAs are also continuing to use these committees as they develop health education programs in response to needs identified in the GNA. Some of the activities that these committees are involved in include the following:
     - Providing plan with recommendations regarding health education programs to members in response to needs identified in the GNA
     - Participating in reviewing plan policies, surveys, and health education programs as they relate to culturally and linguistically sensitive services
     - Advising plan on cultural competency and educational and operational issues affecting groups who speak a primary language other than English
     - Reviewing new health educational materials, preventive health guidelines, member newsletter, and any other new programs initiated by plan for plan subscribers
     - Overseeing the coordination and reporting of the group needs assessment
     - Reviewing and making recommendations on the grievance process, complaint process and quality improvement
     - Designing specific programs to address identified needs
     - Advising plans on activities and policies affecting members

   - One of the HFP plans that did not use a committee to provide input in the GNA expressed its plan to continue interfacing with subscribers, community leaders, providers and community advocates and to solicit their input on cultural and linguistic issues affecting HFP subscribers' access to healthcare services. Another plan is considering a forum for community representatives to participate in the development of the plans culturally and linguistically appropriate materials. Other plans stated that

they will continue to get input from subscribers, providers and community-based organizations through surveys and focus groups.

Conclusion:

Based on the 2002 C&L reports received from HFP plans, it appears that:

- All HFP participating plans allow subscribers to choose their primary care provider. When a choice is not made, the language needs of the subscriber and the distance of the primary care provider's facility to the subscriber's residence are considered before a primary care provider is assigned.
- The majority of HFP participating plans provide interpreter services to their members either through the AT&T Language Line or through face-to-face interpreter services.
- Fifty percent of HFP participating plans ensure referrals of members to culturally and linguistically appropriate services either by maintaining an updated list of community services programs or resource guide or through working closely with community agencies, CBOs and other health education and community service programs that can assist plan members.
- A majority of HFP participating plans use qualified staff, committees or focus groups in developing marketing and member materials and use qualified staff when reviewing translations of these materials into its members' threshold language/s
- All HFP plans are translating the following materials into non-English languages: the EOC, welcome letter, member handbook, preventive services reminders, grievance/complaints process, member newsletter and all marketing materials and brochure.
- A large number of plans have identified activities that they will implement to improve their infrastructures and responsiveness to their member's cultural and linguistic services needs.
- The four major categories of activities that plans will implement or proposes to implement for the benefit year 2002-2003 based on the GNA findings include: education programs for subscribers, provider training on cultural competency, culturally and linguistically appropriate services and activities involving plan members, plan providers, and the community, and activities that target an aspect of a plan's infrastructure.
- A large majority of HFP plans used committees to obtain input from subscribers for the GNAs and are going to continue using the committee/committees to assist in the development of health education programs that were identified in the GNA. Plans that did not use committees to obtain input for the GNAs obtained input from members, subscribers and the community through surveys or focus groups.